)ate/日付		

Application and Payment form for Spring Seminar 2020 2020 スプリングセミナー受講申込・支払用紙

◆Mr./Mrs./Mis	s/Ms.							
Name/氏名	5							
Membership	Number/	′会員番号:						
Address/住								
				_Country:				
Phone/Fax :	Phone/Fax : E-mail:							
	sure to w	込み内容: rite your 1 st , 2 nd and 3 ⁿ 『で希望の講座番号を第				-	er to the	
Date	Choice	Code #	Date	Choice		Code #		
April	1st		April	1st				
17	2nd		18	2nd				
(Fri)	3rd		(Sat)	3rd				
1 class/ 1 2 classes/	m 回受講	laterials fee may vary depending STA members (STA fully paid-up members of 2019) 15,700 31,400		Non STA members (under 4 th Certificate) 18,850 37,700		Total Price (¥)		
TOTAL AMOUNT *Please fill in the amount \rightarrow ¥								
Credit Card Ty	rpe/カー	クレジットカード情報 ドの種類: □ VISA nber/カード番号: □ □	□ M <i>i</i>	ASTER				
Expiry Date / 3	有効期限:	Month/月:		_ Year/年	F:			
Card Holder's	Name (Ple	ease print)/カード名義	人:					
Signature of th	ne Card Ho	llder/カード名義人署名	3 :					
7-2-21 Akasak	a, Minato-	ation form to: Overseas ku, Tokyo 107-8505, JA FAX: +81-3-3405-49	PAN 947	partment, Sog				
Office Only (do	not fill thi	s out)/草月会記入欄					_	
用紙受付日:_		承認番号:		承	認取得日	:		